

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Mamatha M R MRN : 2015000000649 Gender/Age : FEMALE , 29y (07/05/1994)

Collected On : 24/06/2023 08:31 AM Received On : 24/06/2023 01:36 PM Reported On : 24/06/2023 03:39 PM

Barcode : 022306240383 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9035697331

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	06	mm/1hr	0.0-12.0

Interpretation Notes

- ESR high - Infections, chronic disorders,, plasma cell dyscrasias.

DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	87	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020
Post Prandial Blood Sugar (PPBS) (Colorimetric - Glucose Oxidase Peroxidase)	60 L	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

HBA1C

HbA1c (HPLC NGSP Certified)	4.9	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	93.93	-	-

Patient Name : Ms Mamatha M R MRN : 2015000000649 Gender/Age : FEMALE , 29y (07/05/1994)

Interpretation:

- HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- Any sample with >15% should be suspected of having a haemoglobin variant.

SERUM CREATININE

Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.67	mg/dL	0.52-1.04
eGFR (Calculated)	104.1	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease)	11	mg/dL	7.0-17.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	4.9	mg/dL	2.5-6.2

LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)

Cholesterol Total (Colorimetric - Cholesterol Oxidase)	207 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	145	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	30 L	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	177.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	134	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	29.0	mg/dL	0.0-40.0



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Cholesterol /HDL Ratio (Calculated) **6.9 H** - 0.0-5.0

THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.07	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	7.27	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	3.043	µIU/mL	> 18 Year(s) : 0.4 -4.5 Pregnancy: 1st Trimester: 0.129-3.120 2nd Trimester: 0.274-2.652 3rd Trimester: 0.312-2.947

Interpretation Notes

- TSH levels are subjected to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% , hence time of the day has influence on the measured serum TSH concentrations. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration.

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.70	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry)	0.00	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Calculated)	0.7	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	8.00	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.80	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.2	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.5	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	23	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	17	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	53	U/L	38.0-126.0



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Gamma Glutamyl Transferase (GGT) (Multipoint **11 L** U/L 12.0-43.0
Rate - L-glutamyl-p-nitroanilide (Szasz Method))

Interpretation Notes

- Indirect Bilirubin result is a calculated parameter (Indirect Bilirubin = Total Bilirubin - Direct Bilirubin). Indirect bilirubin result includes the delta bilirubin fraction also. Delta Bilirubin is the bilirubin which is covalently bound to albumin. Delta Bilirubin is not expected to be present in healthy adults or neonates.



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry



Mrs. Latha B S
MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	12.7	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.56	million/ μ l	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	37.4	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	82.2 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	28.0	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	34.1	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	13.6	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	284	$10^3/\mu$ L	150.0-450.0

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Total Leucocyte Count(WBC) (Electrical Impedance)	6.2	$10^3/\mu\text{L}$	4.0-10.0
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DIFFERENTIAL COUNT (DC)

Neutrophils (VCS Technology Plus Microscopy)	61.6	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	31.9	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	4.2	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	1.9	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.4	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.82	$\times 10^3 \text{ cells}/\mu\text{l}$	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.98	$\times 10^3 \text{ cells}/\mu\text{l}$	1.0-3.0
Absolute Monocyte Count (Calculated)	0.27	$\times 10^3 \text{ cells}/\mu\text{l}$	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.12	$\times 10^3 \text{ cells}/\mu\text{l}$	0.02-0.5
Absolute Basophil Count (Calculated)	0.03	-	-

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

Interpretation Notes

- Haemoglobin , RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested .
RBC Indices aid in typing of anemia.
 - WBC Count: If below reference range, susceptibility to infection.
If above reference range- Infection*
If very high in lakhs-Leukemia
 - Neutrophils -If above reference range-acute infection, mostly bacterial
 - Lymphocytes -If above reference range-chronic infection/ viral infection
 - Monocytes -If above reference range- TB,Typhoid,UTI
 - Eosinophils -If above reference range -Allergy,cough,Common cold,Asthma & worms
 - Basophils - If above reference range, Leukemia, allergy
 - Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies
 - * In bacterial infection with fever total WBC count increases.
Eg Tonsillitis,Sinusitis,Bronchitis,Pneumonia,Appendicitis,UTI -12000-25000 cells/cumm.
In typhoid and viral fever WBC may be normal.
- DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert.**



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Dr. Shalini K S
DCP, DNB, Pathology
Consultant

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar (Post Prandial) (Enzyme Method (GOD POD))	Not Present	-
Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Not Present	-

--End of Report--



Dr. Shalini K S
DCP, DNB, Pathology
Consultant

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
 - (Lipid Profile, -> Auto Authorized)
 - (, -> Auto Authorized)
 - (CR, -> Auto Authorized)
 - (LFT, -> Auto Authorized)
 - (Uric Acid, -> Auto Authorized)
 - (Blood Urea Nitrogen (Bun), -> Auto Authorized)



Patient Name : Ms Mamatha M R MRN : 2015000000649 Gender/Age : FEMALE , 29y (07/05/1994)

(Fasting Blood Sugar (FBS), -> Auto Authorized)

(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Mamatha M R MRN : 2015000000649 Gender/Age : FEMALE , 29y (07/05/1994)

Collected On : 24/06/2023 08:31 AM Received On : 24/06/2023 01:40 PM Reported On : 24/06/2023 03:08 PM

Barcode : 032306240085 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9035697331

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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URINE ROUTINE & MICROSCOPY

PHYSICAL EXAMINATION

Colour	Yellow	-	-
Appearance	Not Present	-	-

CHEMICAL EXAMINATION

pH(Reaction) (pH Indicator Method)	5.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.006	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	Not Present
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Present +	-	Not Present
Blood Urine (Peroxidase Reaction)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present

MICROSCOPIC EXAMINATION

Pus Cells	6.4	/hpf	0-5
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Page 1 of 3

Narayana Institute of Cardiac Sciences

(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Hospital Address: NH Health City, 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Email: info.nics@narayanahealth.org | www.narayanahealth.org



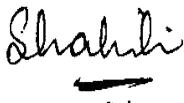
Appointments
1800-309-0309

Emergencies
97384 97384

Patient Name : Ms Mamatha M R MRN : 2015000000649 Gender/Age : FEMALE , 29y (07/05/1994)			
RBC	1.6	/hpf	0-4
Epithelial Cells	36.3	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	731.8	/hpf	0-200
Yeast Cells	6.5	/hpf	0-1
Mucus	Not Present	-	Not Present

Interpretation Notes

- Since the analytical methodology of Urine Microscopy is Flow cytometry based and FDA approved the results of automated urine microscopy which includes RBCs, WBCs Epithelial cells etc are being reported in decimal fraction. Rounding off the value to nearest whole number is suggested.



Dr. Shalini K S
DCP, DNB, Pathology
Consultant

NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
BLOOD GROUP & RH TYPING		
Blood Group (Column Agglutination Technology)	O	-
RH Typing (Column Agglutination Technology)	Positive	-

--End of Report--



Patient Name : Ms Mamatha M R MRN : 2015000000649 Gender/Age : FEMALE , 29y (07/05/1994)



Dr. Prathip Kumar B R
MBBS,MD, Immunohaematology & Blood Transfusion
Consultant

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



Narayana Multispecialty Clinic
JAYANAGAR
BANGALORE

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: MRS.MAMATHA M R,
Patient ID: 2015-649
Height: 165 cm
Weight: 70 kg

DOB: 07.05.1994
Age: 29yrs
Gender: Female
Race:

Study Date: 24.06.2023
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: MEDY BUDY EHP
Attending Physician: DR.PRIYA S
Technician: MS.VISHALAKSHI H R

Medications:
--

Medical History:
--

Reason for Exercise Test:
Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	01:59	0.00	0.00	104	100/70	
	HYPERV.	00:01	0.00	0.00	104	100/70	
	WARM-UP	00:10	1.20	0.00	105	100/70	
EXERCISE	STAGE 1	01:20	1.70	10.00	123		
	STAGE 2	03:00	2.50	12.00	144	110/70	
	STAGE 3	03:00	3.40	14.00	179	120/70	
	STAGE 4	00:31	4.20	16.00	184	130/70	
RECOVERY		05:03	0.00	0.00	106	110/70	

The patient exercised according to the BRUCE for 7:50 min:s, achieving a work level of Max. METS: 10.90. The resting heart rate of 93 bpm rose to a maximal heart rate of 184 bpm. This value represents 96 % of the maximal, age-predicted heart rate. The resting blood pressure of 100/70 mmHg, rose to a maximum blood pressure of 130/70 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

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Conclusions

GOOD EFFORT TOLERANCE
NORMAL HR AND BP RESPONSE
NO ANGINA OR ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES NOTED DURING EXERCISE AND RECOVERY
IMP:STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

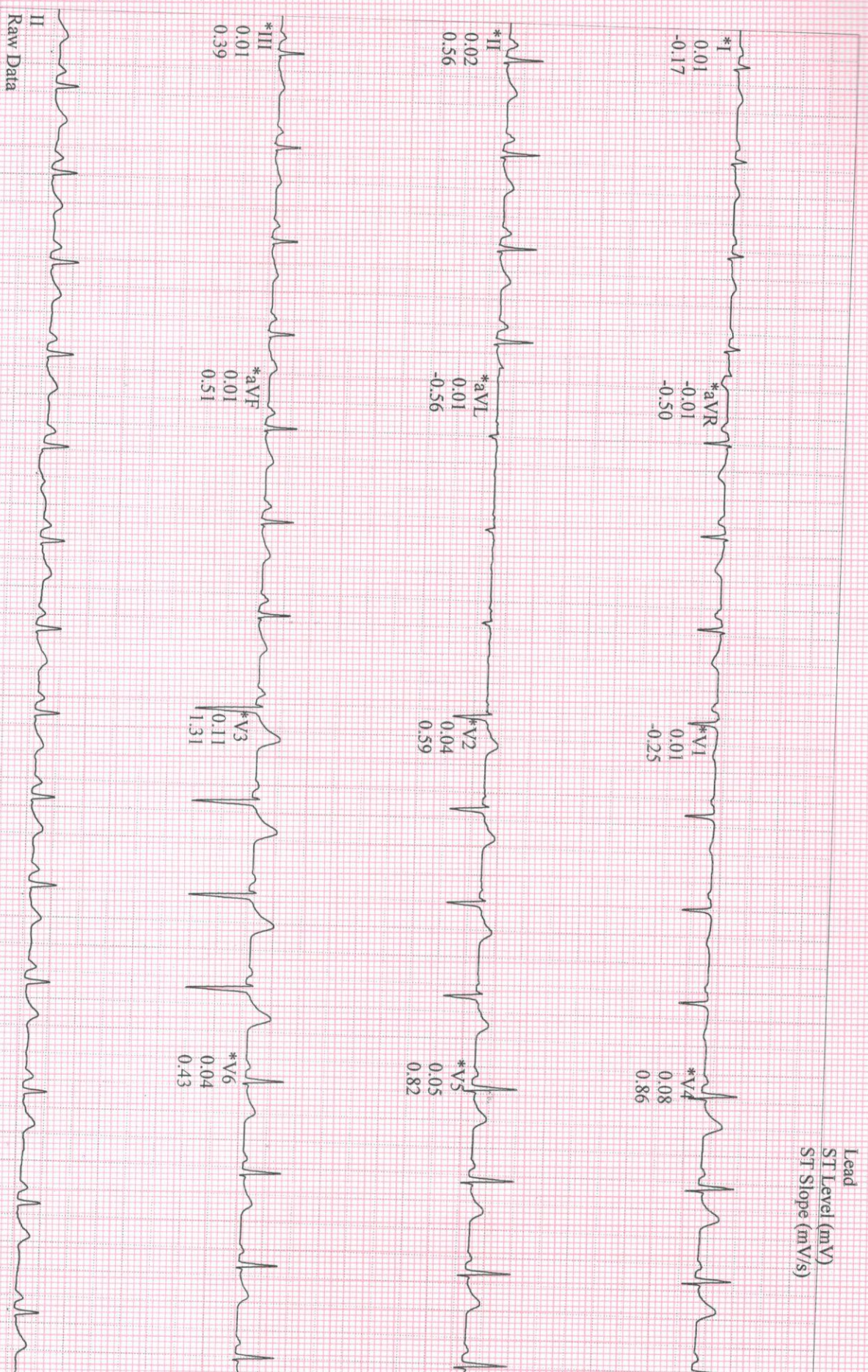
Physician _____ Technician _____

88 bpm
100/70 mmHg

Linked Medians
PRETEST
SUPINE
00:32

BRUCE
0.0 mph
0.0 %

Narayana Multispecialty C



Raw Data

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V3,V5)

*Computer Synthesized Rhythms

Start of Test: 11:29:29

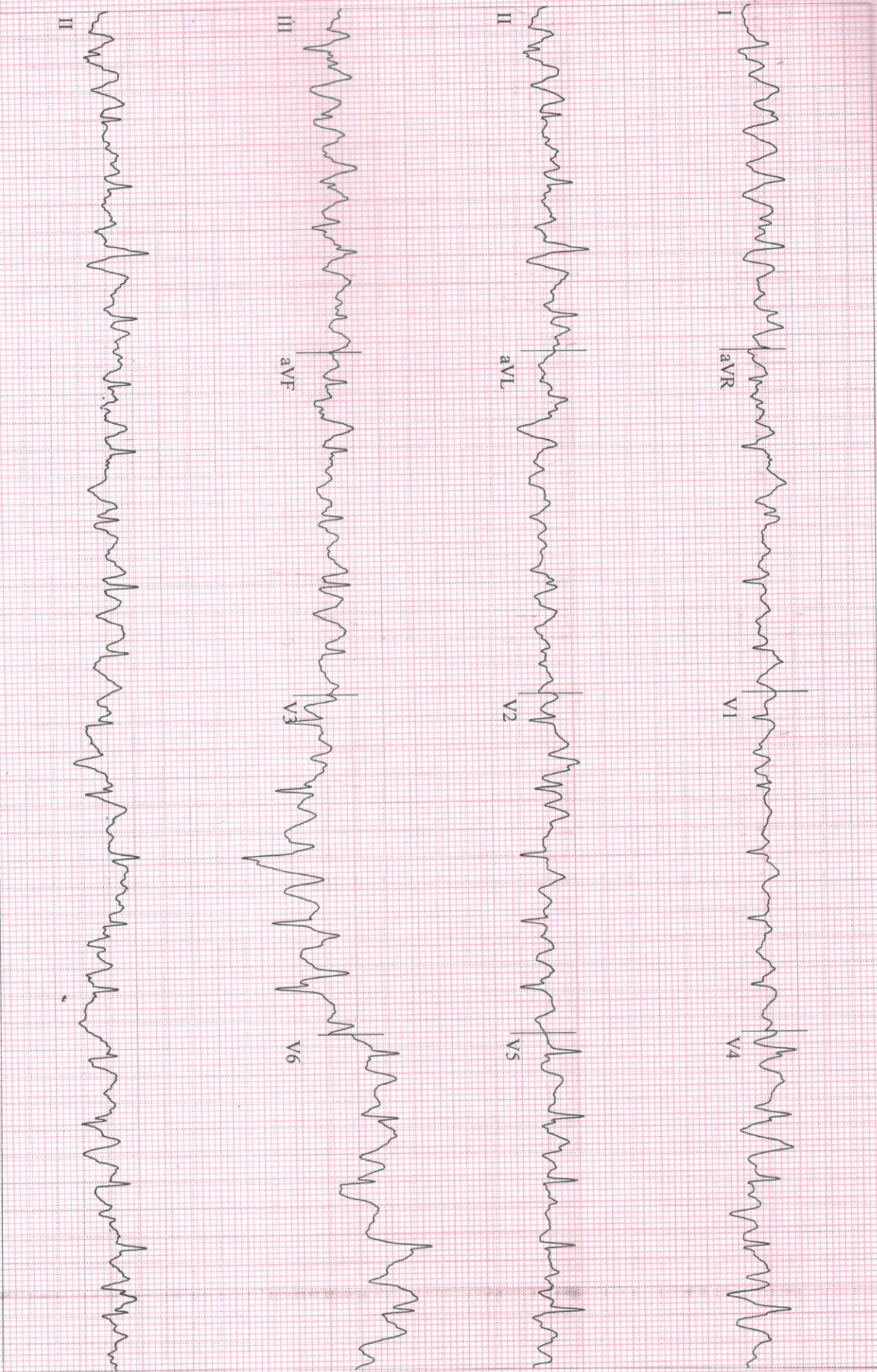
EXERCISE TEST / ECG Strips

Narayana Multispecialty Clinic

123 bpm

EXERCISE
STAGE 1
1:19

BRUCE
1.7 mph
10.0%



GE CardioSoft V6.73 (2) 25mm/s 10mm/mV 50Hz 0.01-20Hz S+ HEART V5.4 HR(V3, V5) Unconfirmed

Attending MD: DR.PRIYA S

142 bpm
110/70 mmHg

EXERCISE
STAGE 2
04:10

BRUCE
2.5 mph
12.0%

Lead
ST Level (mV)
ST Slope (mV/s)



*aVR
0.04
-0.33

*aVL
0.01
-0.93

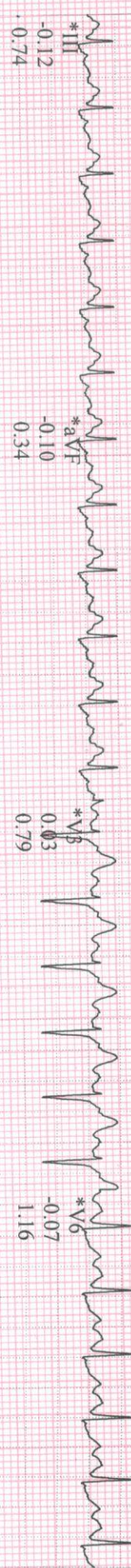
*aVF
-0.09
3.33



*aVL
0.08
-2.50

*aVF
-0.01
-0.14

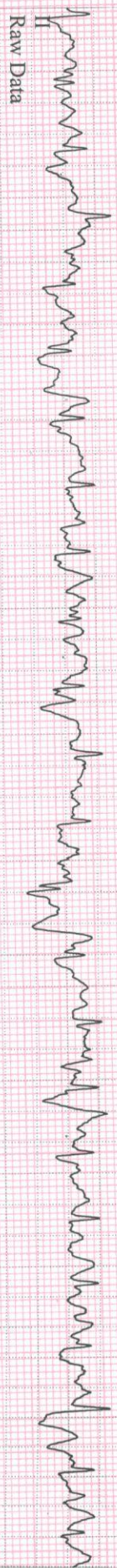
*V1
-0.09
1.25



*aVF
-0.10
0.34

*V2
0.03
0.79

*V3
-0.07
1.16



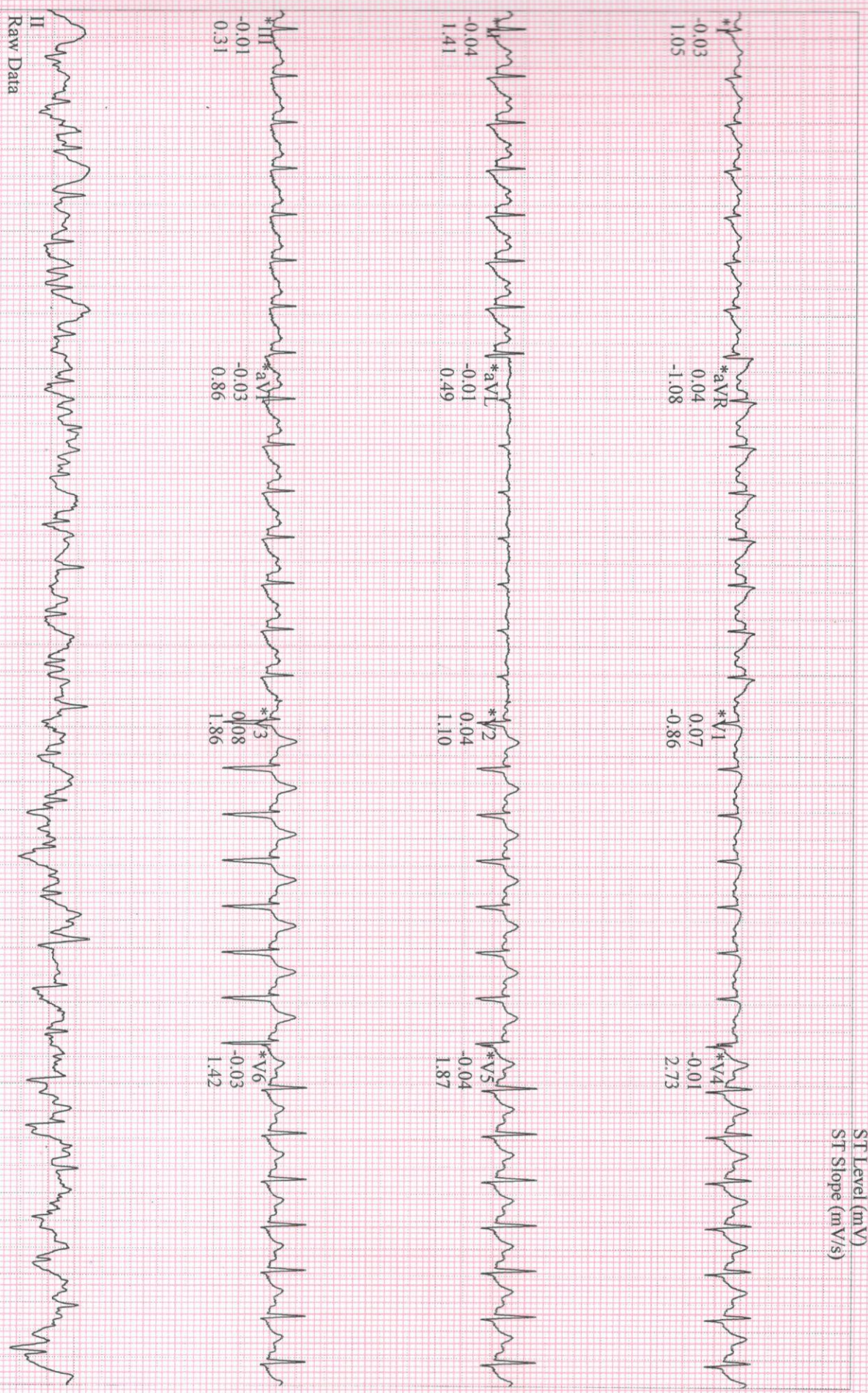
*Computer Synthesized Rhythms

179 bpm
120/70 mmHg

EXERCISE
STAGE 3
07:10

BRUCE
3.4 mph
14.0%

Lead
ST Level (mV)
ST Slope (mV/s)



II
Raw Data

*Computer Synthesized Rhythms

Linked Medians (PEAK EXERCISE)

184 bpm
130/70 mmHg

EXERCISE
STAGE 4
07:51

BRUCE
4.2 mph
16.0 %

Narayana Multispecialty Clinic



*Computer Synthesized Rhythms

144 bpm
130/70 mmHg

RECOVERY
#1
01:00

BRUCE
0.0 mph
0.0%

Lead
ST Level (mV)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

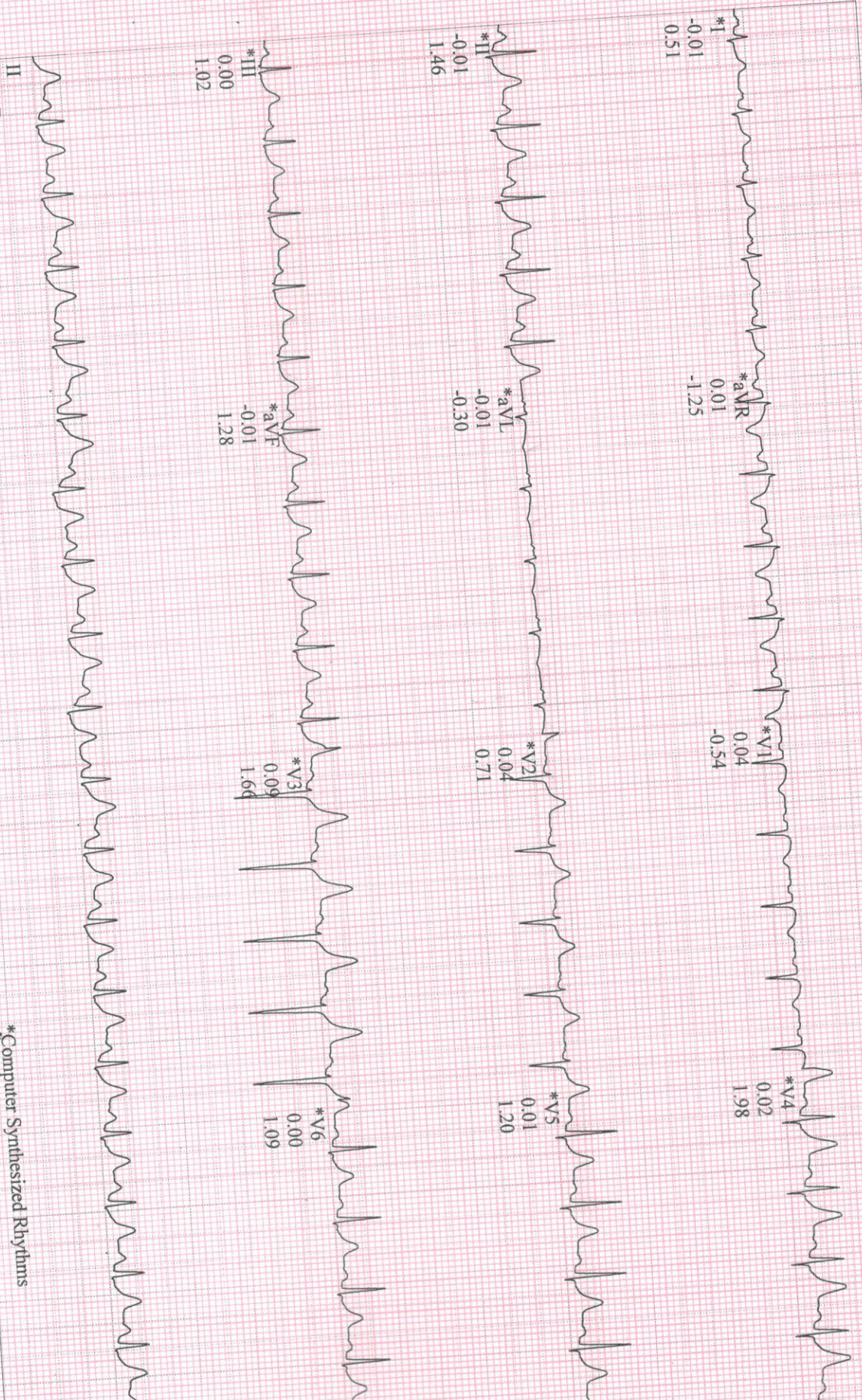
Start of Test: 11:29:29

117 bpm
120/70 mmHg

Linked Medians
RECOVERY #1
03:00

BRUCE
0.0 mph
0.0%

Lead
ST Level (mV)
ST Slope (mV/s)



II
Raw Data

*Computer Synthesized Rhythms

Start of Test: 11:29:29

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V3, V5)

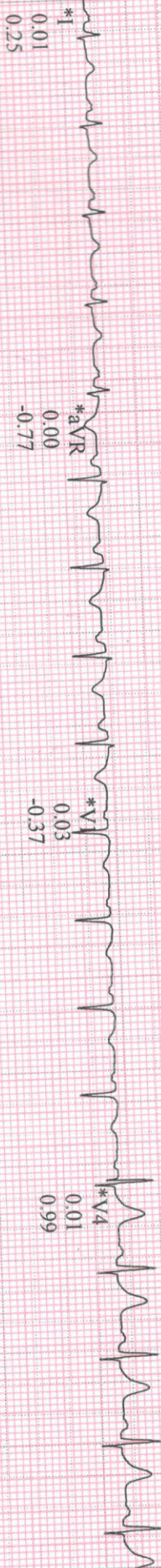
Pa
ysicia
MP:S
OS
NO A
NOR
GOO

107 bpm
110/70 mmHg

RECOVERY
#1
05:00

BRUCE
0.0 mph
0.0%

Lead
ST Level (mV)
ST Slope (mV/s)



*aVR
0.00
-0.77

*V1
0.03
-0.37

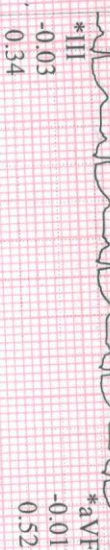
*V4
0.01
0.99



*aVL
0.02
-0.23

*V2
0.05
0.58

*V5
0.00
0.75



*aVF
-0.01
0.52

*V3
0.07
1.17

*V6
-0.01
0.52

II
Raw Data

*Computer Synthesized Rhythms

Patient Name	MRS.MAMATHA M R	Requested By	EHP
MRN	20150000000649	Procedure DateTime	24-06-2023 10:50
Age/Sex	29Y 1M/Female	Hospital	NH-JAYANAGAR

CHEST RADIOGRAPH (PA VIEW)

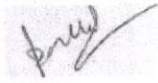
CLINICAL DETAILS: For health checkup.

FINDINGS:

- The lung fields and bronchovascular markings appear normal.
- The cardiac size is within normal limits.
- Mediastinum and great vessels are within normal limits.
- Trachea is normal and is central. The hilar shadows are unremarkable.
- The costo-phrenic angles are clear. No evidence of pleural effusion or pneumothorax.
- The visualized bones and soft tissue structures appear normal.
- Both the diaphragmatic domes appear normal.

IMPRESSION:

- **No significant abnormality detected.**



Dr. Pallavi CJ , DMRD, DNB
Consultant Radiologist

* This is a digitally signed valid document. Reported Date/Time: 24-06-2023 12:18

This report has been generated from **NH Teleradiology 24/7**, a service of Narayana Health

-- End of Report --

Page 1 of 1



Narayana Multispeciality Clinic

17/1, 30th Cross, 8th 'B' Main Road, 4th Block, Jayanagar, Bangalore - 560 011

Clinic No. : 8884000991, 9513919615, Pharmacy No. : 9513919615

ADULT TRANS-THORACIC ECHO REPORT

NAME : MRS. MAMATHA M R

AGE/SEX : 29YRS/FEMALE

MRN NO : 2015000000649

DATE : 24.06.2023

FINAL DIAGNOSIS:

- NORMAL CHAMBER DIMENSION
- NO RWMA
- NORMAL VALVES
- NORMAL PA PRESSURE
- NORMAL RV FUNCTION
- NORMAL LV FUNCTION
- LVEF- 60 %

MEASUREMENTS

AO: 26 MM

LVID (d) : 37 MM

IVS (d) : 10 MM

RA : 32 MM

LA: 36 MM

LVID(s) : 24 MM

PW (d) : 10 MM

RV : 28 MM

EF: 60 %

VALVES

MITRAL VALVE : NORMAL

AORTIC VALVE : NORMAL

TRICUSPID VALVE : NORMAL

PULMONARY VALVE : NORMAL

CHAMBERS

LEFT ATRIUM : NORMAL

RIGHT ATRIUM : NORMAL

LEFT VENTRICLE : NORMAL, NORMAL LV FUNCTION

RIGHT VENTRICLE : NORMAL, TAPSE-19 MM, NORMAL RV FUNCTION

RVOT/LVOT : NORMAL



SEPTAE

IVS : INTACT

IAS : INTACT

GREAT ARTERIES

AORTA : NORMAL, AORTIC ANNULUS-21 MM, LEFT ARCH

PULMONARY ARTERY : NORMAL

DOPPLER DATA

MITRAL VALVE : E/A – 0.9/0.6 M/S, MR-TRIVIAL

AORTIC VALVE : PG- 8 MMHG

TRICUSPID VALVE : TR- TRIVIAL , PASP- 22 MMHG

PULMONARY VALVE : PG- 3 MMHG

WALL MOTION ABNORMALITIES: NO RWMA

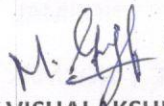
PERICARDIUM : NORMAL

VEGETATION/THROMBUS: ABSENT

OTHER FINDINGS

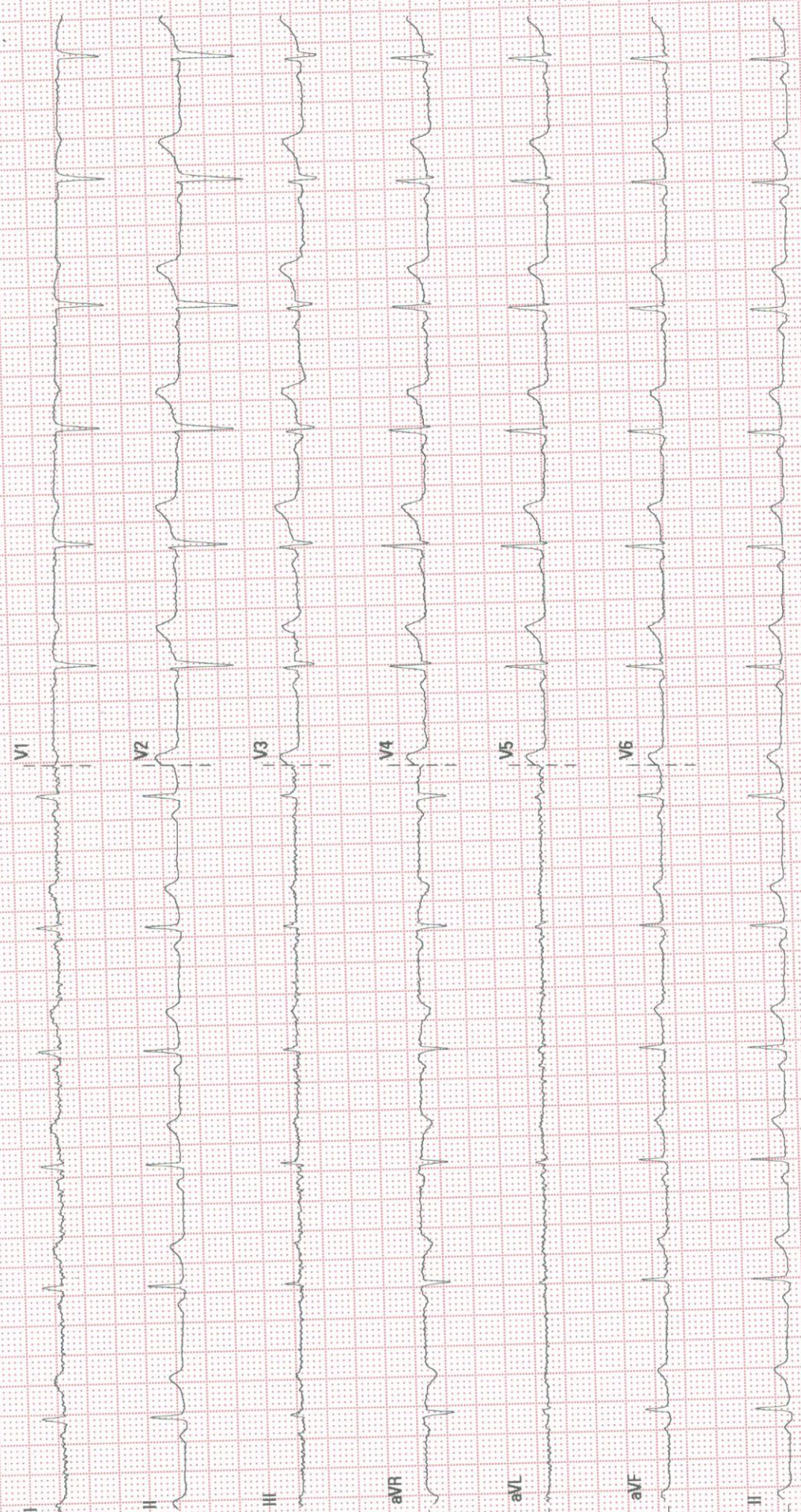
IVC- 14 MM NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM
SINUS RHYTHM/ HR- 72 BPM

DR.SURESH P V
CONSULTANT CARDIOLOGIST


VISHALAKSHI H R
CARDIAC SONOGRAPHER

MRSA MAMATHA M R
29 Years
Female

Vent. Rate 72 bpm
PR Interval 146 ms
QRS Duration 70 ms
QT/QTc Interval 378/399 ms
P/QRS/T Axes 46/52/51 deg
QTc Hodges



Patient Name : Mrs.Mamatha M R

Patient ID : 2015000000649

Age : 29Years

Sex : Female

Referring Doctor : EHP

Date : 24 .06.2023

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is mildly enlarged in size measuring **15.5cm** and shows normal echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions.

Portal vein is enlarged in size and measures **13mm** normal in course **CBD** is not dilated.

Gallbladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is enlarged in size measuring **11.8cm** normal shape, contour and echopattern. No evidence of mass or focal lesions. **splenic vein is enlarged and measures 9mm,**

Right Kidney is normal in size (measures 9.3 cm in length & 1.3 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size (measures cm in length & cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum – Obscured by bowel gas.

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Uterus is anteverted and **Bulky** in size, measures 9.8x2.8x4.1 cm. Myometrial and endometrial echoes are normal. **Endometrium** measures 7 mm. Endometrial cavity is empty.

Both ovaries are normal in size and echopattern.

Right ovary: measures 3.0x1.9 cm. **Left ovary:** measures 3.1x1.9 cm.

Both adnexa: No mass is seen.

There is no ascites or pleural effusion.

IMPRESSION:

- **Mild Hepatomegaly With Mild Enlarged Portal Vein.**
- **Mild Splenomegaly with Enlarged Splenic Vein .**
- **Bulky Uterus.**



Dr B S Ramkumar 35772
Consultant Radiologist

Disclaimer:

Note: Investigations have their limitations. Solitary pathological/Radiological and other investigations never constitute the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly. This Report is not for Medico - Legal Purposes.

Narayana Multispeciality Clinic

Exam

Accession #
Exam Date
Description
Operator

24-06-2023

2015-649
MRS MAMATHA M R /29YRS
Female

Name
Birth Date
Gender

